



CITY OF GRAND JUNCTION 401 PLAN EMPLOYEE ENROLLMENT FORM

- Use this form to open an account with the ICMA Retirement Corporation.
- Read instructions on the back carefully before completing this form. Please print legibly in blue or black ink.
- To make legal changes (i.e., change of name, marital status, or beneficiary changes) use the *Employee Information Change Form*.
- Return this form to your employer promptly. Your employer must provide this form to ICMA Retirement Corporation before the payroll date of your first deferral. To make address changes, investment allocation changes or fund transfers, please visit Account Access (www.icmarc.org) or use VantageLine (1-800-669-7400).

1 Participant Information Required - Information in this box must be completed to avoid processing and investment delays.

Employer Plan Number and Name (Please Check One):
 General Employees - 106400 New Hire Police MPDCP - 106401

Social Security Number _____ Date of Birth _____ Date Employed/Retired _____ Retired?
Month / Day / Year Month / Day / Year Check if yes

Full Name of Participant _____
Last First M.I.

Mailing Address/Street _____

 City _____ State _____ Zip Code _____

Job Title: _____ Email Address: _____

Daytime Phone Number _____ Evening Phone Number _____ Gender: M F Marital Status: Married Single
Area Code Area Code

2 Beneficiary Designation (If married, special rules apply. See instructions on reverse side. Note: Please make sure percent amounts total 100%. Use whole percentages. Please see instructions on reverse side.)

Name	Date of Birth	Relationship to you	Social Security Number	% of benefit
Primary Beneficiaries:				
_____	__/__/__	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____
_____	__/__/__	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____
_____	__/__/__	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____
				Total = 100%
Contingent Beneficiaries, if any:				
_____	__/__/__	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____
_____	__/__/__	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____
_____	__/__/__	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____
				Total = 100%

3 Amount of Contributions

My instructions for my Employer - I authorize my Employer to deduct a mandatory pre-tax deferral of _____ % or \$ _____ from my pay each pay period.

4 Allocation of Contributions

Option #1 - "Managed Accounts" - By electing this option, you agree to have your account professionally managed by ICMA-RC. If you elect this option, do not complete Option #2. Please provide all information below (incomplete information will cause a delay in your Managed Accounts enrollment):

Annual Salary: \$ _____ Your Annual Plan Contribution _____ % or \$ _____
 Desired Retirement Age: _____ Additional Employer Annual Contribution (if applicable) _____
 Desired Retirement Income (% of existing after-tax salary) _____ % (100% is recommended) _____ % or \$ _____
 Social Security Income - Check this box if you wish to include an estimate of Social Security benefits as part of Managed Accounts

Option #2

Fill in the boxes below with codes of the fund(s) you want to invest in. A list of funds and codes can be found on the Investment Options sheet. See Instruction 4 on the back of this form. State law, local law, or your employer may place restrictions on investment in these funds.

EMPLOYER ACCOUNT				EMPLOYEE ACCOUNT			
Code	Percent	Code	Percent	Code	Percent	Code	Percent
TOTAL = 100%				TOTAL = 100%			

5 Employee Signature

I acknowledge that I have read and agreed to the disclosure (see 5 & 6) on the back of this form.

Participant Signature _____ Date _____

6 Employer's Authorization

Employer Plan Number _____

Authorized Employer Official's Signature _____ Date _____



401 PLAN EMPLOYEE ENROLLMENT FORM INSTRUCTIONS

Before you complete this form, please read the accompanying literature so you understand the plan's provisions. To make future changes to your account such as address changes and/or fund transfers, please use Account Access (www.icmarc.org) or VantageLine (800-669-7400).

IMPORTANT NOTE: Please do not delay in submitting this form. If we do not have your form by the time we receive your first deferral, we will be unable to invest your retirement plan assets, and they will be returned to your employer.

You will receive a confirmation of your enrollment as well as quarterly financial statements. Please review these carefully.

1. PARTICIPANT INFORMATION - Please complete this section carefully. The information will be used to establish your account and you will receive your statements at the address listed. The employer plan number is available from your employer or ICMA-RC's Investor Services at 800-669-7400.

2. DESIGNATION OF BENEFICIARY - Use this section to designate your beneficiary(ies). If this form is not signed, the beneficiary(ies) you selected will not be valid. If a valid form is not on file at the time of your death, benefits will be paid as outlined in your employer's plan document. **PLEASE NOTE:** If a Social Security number is not provided and ICMA-RC cannot locate the named beneficiary, the account balance will be paid to your estate.

Beneficiary Designation - SINGLE PARTICIPANTS

Your designation of beneficiary(ies) tells us who should receive the accumulated value of your account if you die before full distribution of your account. If no primary beneficiary(ies) lives longer than you, the benefits will be paid to your contingent beneficiary(ies). If none of your primary or contingent beneficiaries are living at the time of your death, the proceeds will be paid as outlined in your employer's plan document.

Beneficiary Designation - MARRIED PARTICIPANTS

You may name your spouse as beneficiary for up to 100 percent of your account. You may also waive naming your spouse as beneficiary for any part of your account and then name someone else as beneficiary. However, if you waive naming your spouse as beneficiary, your spouse must consent to this waiver.

Beneficiary percentages are deemed invalid if your request omits percentages or includes percentages that do not equal 100% or were expressed with fractions.

To update your beneficiary information, please use the Employee Information Change form. You can download a pdf of the form by accessing our Web site at www.icmarc.org/xp/ro/forms. Please note that beneficiary information cannot be taken over the telephone.

Your employer's plan may require that your spouse be the beneficiary for at least 50 percent or more of your account. If this is the case, the waiver and consent rules mentioned above still apply.

If you are unsure which provision applies to you, check with your employer or ICMA-RC's Investor Services at 800-669-7400.

Complete details about waiving this benefit, including the required waiver and consent forms, are available from ICMA-RC's Investor Services at 800-669-7400.

SPECIAL CERTIFICATION FOR PARTICIPANTS IN COMMUNITY PROPERTY STATES

- If you are married and live in a Community Property state, you must generally name your spouse as your beneficiary, unless your spouse waives this right. ICMA-RC cannot be responsible for an employee's failure to properly designate a beneficiary in accordance with state law requirements and the employee's failure to provide the certification required by this enrollment process. Please be advised that failure to meet state law requirements with respect to your beneficiary designation may result in your beneficiary designation being invalid, and the payment of benefits to someone other than your designated beneficiary. If you choose to name a beneficiary that is not your spouse, you and your spouse will need to complete the Community

Property Spousal Waiver form. Contact 800-669-7400 for more information and to request the waiver form.

3. AMOUNT OF FUTURE CONTRIBUTIONS - This section is used only by your employer. In this section, you provide instructions for your plan contributions to your employer. Please check with your employer to see what types of employee contributions are permitted. Enter the total percentage or dollar amount that you wish to contribute to your account as either a mandatory* pre-tax deferral (401(a) and 401(k) plans), mandatory* after-tax (401(a) and 401(k) plans) elective pre-tax deferral (401(k) plans only), or voluntary after-tax deferral (401(a) and 401(k) plans). Elective and/or voluntary contributions may not be allowed in some plans. Please check with your Employer or ICMA-RC's Investor Services at 800-669-7400 if you have questions concerning contributions.

*Mandatory contribution amounts are established through the plan document. Changes to mandatory contribution amounts can only be accomplished through your employer's amendment of the plan document. See your employer for more information.

4. ALLOCATION OF FUTURE CONTRIBUTIONS - You may either elect Option 1 "Managed Accounts" and have ICMA-RC manage your account for you or Option 2 and select your own investments.

Option 1 - A separate ongoing annual fee will be deducted from your account for participation in Managed Accounts. Please read the enclosed *ICMA-RC Guided Pathways™ Fund Advice and Managed Accounts Investment Advisory Agreement* for additional information. The following default values will be used if you do not provide appropriate information:

Desired Retirement Age - Age 65
Desired Retirement Income - 100% of existing annual after-tax salary
Estimated Social Security Income - Include the Managed Accounts Social Security estimate

Option 2 - You may place your contributions in one fund or in any combination of funds, although your employer may place restrictions on investment in certain funds. If the allocation total does not add up to 100 percent then the remainder will be allocated to the PLUS Fund. If no selection is given, your contribution will be allocated to the default fund selected by your employer. Use whole percentages (e.g., 50 percent, not 33 1/3 percent). Do not use fixed dollar amounts. Please see the VantageTrust Company's *Making Sound Investment Decisions: A Retirement Investment Guide* and the appropriate prospectus for full descriptions of the funds.

For more information regarding the Securities Investor Protector Corporation (SIPC), including the SIPC brochure, please contact SIPC at www.sipc.org or (202) 371-8300.

5 & 6. AUTHORIZED SIGNATURES - Once you have completed this form, sign it, and submit it to your Employer for approval, if required. Fax or mail the original form to ICMA-RC. Our fax number is 202-682-6439 and our address is located on the bottom of the form. Your employer should retain a copy of the form for their records.

Note that by signing this form you acknowledge that you agree to the following:

I have received and read the current VantageTrust Company's *Making Sound Investment Decisions: A Retirement Investment Guide* and the Vantagepoint Prospectus. I understand that the Retirement Corporation has established required procedures for Internet and telephone transfers that include personal identification numbers, recording of instructions, and written confirmations. If allowed by my employer and in the event I choose to transfer funds by Internet or telephone, I agree that neither the VantageTrust Company, the ICMA Retirement Corporation, ICMA-RC Services, LLC, nor Vantagepoint Transfer Agents, LLC, will be liable for any loss, cost, or expense for acting upon any Internet or telephone instructions believed by it to be genuine and in accordance with the required procedures.

An authorizing signature does not represent an obligation to use the telephone transfer feature available on VantageLine.

Welcome to the ICMA Retirement Corporation!